The King County Plan for Early Intervention Services

July 1, 2014 – June 30, 2017

King County

Department of Community and Human Services
Developmental Disabilities Division

Approved by:

The King County Interagency Coordinating Council on November 3, 2014

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Terms Used

CDS — Child Development Services is funded by the Washington State Department of Social and Health Services, Developmental Disabilities Administration

CLAS — Culturally and Linguistically Appropriate Services

DCHS — King County Department of Community and Human Services

DD — Developmental Disabilities

DSHS/CA – Washington State Department of Social and Health Services, Children's Administration

DSHS/DDA — Washington State Department of Social and Health Services, Developmental Disabilities Administration

DEL — Washington State Department of Early Learning

DMS — Data Management System for the Washington State Department of Early Learning, Early Support for Infants and Toddlers Program

DSHS – Washington State Department of Social and Health Services

EI — Early Intervention

ESIT — Early Support for Infants and Toddlers, Washington State Department of Early Learning

FRC — Family Resources Coordinator

IDEA --- Federal Individuals with Disabilities Education Act

IFSP — Individual Family Services Plan

IMH — Infant Mental Health, or Infant and Early Childhood Mental Health

KCDDD — King County Developmental Disabilities Division

KCICC — King County Interagency Coordinating Council

LLA — Local Lead Agency

Part C — Federal funding for Early Intervention Services under Federal Individuals with Disabilities Education Act

Executive Summary

The King County Developmental Disabilities Division (KCDDD) serves as the Local Lead Agency (LLA) to provide services for children birth-to-three in King County who have developmental delays or disabilities and their families. As the LLA, King County maintains a countywide Early Intervention (EI) system that provides services in accordance with Washington State's federally approved plan, under the Federal Individuals with Disabilities Education Act (IDEA) and federal and state laws and regulations.

The Birth-to-Three Plan is designed to address several needs: strategic guidance for the Birth-to-Three program in King County; meaningful engagement of the King County Interagency Coordinating Council (KCICC); and requirements for planning in the Washington State Department of Early Learning (DEL), Early Support of Infants and Toddlers (ESIT) contract. Additionally this plan augments the King County Developmental Disabilities Division's (KCDDD) 2014 – 2017 Three-Year Plan for Developmental Disability Services with supplemental information about EI. Finally, the Birth-to-Three Plan will provide guidance for improved collaborations among community partners in supporting children and families.

The Birth-to-Three Plan includes extensive description of the EI service system in King County, demographic highlights of the more than 3,000 children served annually and a discussion of current system's strengths and challenges. The Birth-to-Three Plan was developed through a series of community meetings, focus groups, and surveys that sought to enlist public input from people with developmental disabilities (DD), families, advocates, service providers, and other stakeholders. The KCICC helped review data and identify priorities.

Goal:

Eligible children and families throughout King County who access EI services receive timely, culturally relevant, family-centered, individualized developmental services and supports from skilled providers who collaborate to meet child and family.

Objectives:

1. Increase access to culturally and linguistically appropriate EI services for children and families.

2. Improve referral processes to increase and simplify access to EI services.

3. Improve social-emotional well-being and development of all children and families, including improved access and services for children and families with multiple challenges.

4. Implement advocacy strategies related to improving funding levels and simplifying access to EI services in King County.

Specific strategies related to each objective are provided in the Birth-to-Three Plan.

I. Introduction

A. Purpose of the Birth-to-Three Plan

The King County Plan for Early Intervention Services (Birth-to-Three Plan) for the period July 1, 2014 – June 30, 2017, will guide King County funded services for children ages birth-to-three who have developmental delays or disabilities and their families. The Birth-to-Three Plan is designed to address the following needs:

1. To meet King County's requirement for local planning as an Local Lead Agency (LLA) for the Washington State DEL/ESIT contract[1]

2. To create an agenda for the King County Interagency Coordinating Council (KCICC), the local stakeholder group of families, providers and community members collaborating to improve the Early Intervention (EI) system

3. To serve as a strategic guide for the Birth-to-Three program in King County

4. To augment the King County Developmental Disabilities Division's (KCDDD) 2014 – 2017 Three-Year Plan for Developmental Disability Services

Additionally, the Birth-to-Three Plan will provide direction for improved collaborations among community partners in supporting children and families.

B. Relationship Between the Birth-to-Three Plan and KCDDD's 2014 – 2017 Three-Year Plan for Developmental Disability Services

The Birth-to-Three Plan augments KCDDD's Three-Year Plan for Developmental Disability Services 2014 – 2017, which addresses the lifespan of individuals with DD. Some excerpts and portions of the Birth-to-Three Plan appear in the larger plan for DD services. The full lifespan of the DD plan includes broader vision, mission, discussions of data and performance management, and the range of services provided by KCDDD. These services include six programs: Early Intervention, Behavior Support, School-to-Work, Adult Employment, Community Access, and Community Information and Education.

[1] Washington State's DEL/ESIT program is the State Lead Agency for implementation of Part C of the Federal IDEA and contracts with KCDDD to serve as the LLA in King County.

C. How the Birth-to-Three Plan is Organized

The Birth-to-Three Plan includes the following sections:

I. Introduction

II. Description of King County's EI System

III. Strengths and Challenges in King County's EI System

IV. Goal, Objectives, and Strategies for King County's EI System

D. How the Birth-to-Three Plan was Developed

The Birth-to-Three Plan was developed by KCDDD staff, the King County Interagency Coordinating Council (KCICC), and community participants. A Three-Year Plan workgroup gathered perspectives and expertise about the King County EI system's strengths and areas of concern, then identified goals and priorities from January – July 2013. A continuous feedback loop allowed for adjustments and improvements throughout the planning process.

The Three-Year Plan workgroup included a wide array of stakeholders throughout King County:

- Families**,** both those who have received EI services and those who have not
- Part C funded EI providers
- Community members representing numerous organizations and personal perspectives, including private providers of birth-to-three services

Input was sought and gathered to deepen understanding of the varied experiences of families of color, families with home languages other than English, and low-income families. Perspectives from families and community providers involved with early learning, health care, mental health, substance abuse treatment, homeless and domestic violence services, and child welfare were also incorporated.

1. <u>Data Collection</u>

   The focal question throughout the process was, **"**At each stage of the EI system (access, services, and transitions) how are we doing in King County?" Other questions included: "What are our strengths?" "What works well?" "What are our barriers, gaps, or challenges?" "What are ideas to improve the experiences of children and families and strengthen the EI system?"

   Stories and data were collected using a variety of community-based approaches:

- Public Meetings - January, March, and April 2013 meetings of the KCICC included significant time for public comment. Over 40 individuals shared their stories at these meetings. Information from the stories and written reflections from other individuals were used as data for the Birth-to-Three Plan.

- Online Surveys - This planning process incorporated data from the following four surveys:

    - The Washington State DEL/ESIT program's Family Outcomes Survey - 179 family surveys were submitted from July 1, 2012 to June 30, 2013.
    - The KCDDD EI provider survey - 92 provider staff members throughout King County responded anonymously to this survey during Spring 2013.
    - The KCDDD EI community survey - 43 families and community members throughout King County responded anonymously to this survey during Spring 2013.
    - The KCDDD Community Survey - 192 respondents including family and community members responded during Spring 2013. Most of the survey results related to adult services, but responses relating to birth-to-three services were included in this planning process.

- Focus Groups - A variety of formal and informal focus groups were held during the first half of 2013 to gather input. Birth-to-Three specific sessions included:

    - Open Doors for Multicultural Families Staff Training (1/10/13)
    - Child Care Resources Special Needs Assessment Staff (2/19/13)
    - SOAR Promotores Training (3/7/13)
    - An EI Provider Meeting (3/15/13)
    - Parent-Child Assistance Program Training (3/20/13)
    - Seattle Public Schools Check-In Meeting (3/22/13)
    - African American Community Focus Group (4/17/13)
    - Southeast Seattle Child Care Director's Consortium (4/17/13)
    - Swedish Hospital Birth-to-Three Program Meeting

    Eight other focus groups were part of KCDDD's three-year planning process across the age span. Input relevant to

Birth-to-Three services from these groups was also incorporated as data for the Birth-to-Three Plan.

- Phone interviews and email correspondence - Phone interviews were scheduled with people who wanted to participate but were not able to attend one of the focus groups. Email follow-up to meetings, focus groups, and on-line surveys was also incorporated as data.

- Demographic Data – Data from Public Health - Seattle and King County, Washington Kids Count, DEL and DSHS/DDA were incorporated into the Birth-to-Three Plan.

2. Data Analysis

Community member insight and participation were also key to analyzing the data collected. Steps included:

- A workgroup of KCICC convened to identify themes and sub-themes from the data.
- The May 2013 KCICC meeting was dedicated to processing and grouping data. Workgroups helped to frame and sort data into four core areas:

    i. Culturally and linguistically appropriate services
    ii. Access to EI services
    iii. Best practices in providing EI services
    iv. Multi-systems collaborations

3. Birth-to-Three Plan Development

The KCICC played an important role in developing the Birth-to-Three Plan. Steps included:

- Choosing priorities and action planning was the focus of the June 2013 KCICC meeting. Workgroups for each of the above core areas identified the top three compelling stories, systems strengths and challenges in their data set. They examined recommendations that addressed the top three stories, systems strengths and challenges and provided additional recommendations as needed.
- At the September 2013 KCICC meeting, members reviewed and commented on the draft goal, objectives, and strategies.
- The draft Birth-to-Three Plan was circulated for public comment from June 6, 2014 to June 27, 2014. Comments were incorporated into a revised final draft.

- The final draft was approved by the KCICC on November 3, 2014, and the final Birth-to-Three Plan was approved by the King County Board for Developmental Disabilities on November 5, 2014.
- King County staff will incorporate objectives and strategies within regular annual work plans for KCDDD for 2014 through 2017.

Because of delays between the initial draft of the Birth-to-Three Plan in July 2013 and distribution for public comment in May 2014, the KCDDD EI program staff began to implement strategies identified in Section IV below within their work plan. Several of these strategies were then incorporated into the body of this report.

II. Integration

The KCDDD will work with the DCHS staff to align the Birth-to-Three Plan activities with the King County Health and Human Services Transformation Plan. The Transformation Plan details action steps to reshape the way regional health and human services are delivered in King County, with the goal of providing a more efficient, integrated system that will improve the health and well-being for vulnerable residents and communities.

The primary goal of the Transformation Plan is: *By 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities.*

The Transformation Plan presents four recommendations:

1. Invest in outcomes - Rather than funding a specific type of program or service, invest in strategies that are expected to produce outcomes, using both contract and compact accountability tools.
2. Leverage opportunities provided under the Affordable Care Act (ACA) - Strategically integrate the resources, tools, principles, and payment reform strategies of the ACA into current local, state, and federal funding resources.
3. Protect existing resources - Protect existing resources from further reductions due to budget shortfalls and continue to advocate for the stability of the current system.
4. Seek new revenue and new revenue tools while increasing effectiveness - Seek support for new resources to help fund transformation efforts and improve capacity county-wide to provide necessary services and infrastructure that will contribute to the intended outcomes.

A deeper discussion of KCDDD's work towards the Health and Human Services Transformation Plan is in the KCDDD Plan for Developmental Disability Services. Below the efforts related to Birth-to-Three services are discussed.

A. Integration Strengths

1. Collaborative relationships with the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) to provide infant mental health training to EI, early learning, mental health and primary care providers, and child welfare workers.
2. Collaborative relationships with the King County Community Services Division (CSD) to develop affordable housing units for families with children birth-to-three with DD.
3. Collaborative relationships with Public Health on projects that enhance the EI service delivery system.

4. Collaborative relationships with school districts to leverage funding and in-kind resources to enhance the EI service delivery systems.

B. Integration Challenges

1. Funding modalities are prescribed to focus on specific services and inhibit flexibility.
2. Contractual restraints prohibit flexibility with service provision.
3. Mission of many providers is single focused and it will take time to develop a broader perspective and new partners.
4. System change will take time and technical assistance is needed to assist providers with change management issues.

C. Integration Action

Goal:

Service providers understand the potential for integrated services and are implementing new programs with a more holistic approach to services for people with DD.

Objective 1:

Increase collaboration with local and state entities and other community partners to support health and human services integration strategies.

Strategies:

1. Increase collaboration with relevant programs in DCHS and Public Health to identify ways to assure better integration across the programs.
2. Collaborate with state and county subject matter experts to determine potential impacts of health care reform to families with children birth-to-three who may have developmental delays or disabilities.
3. Collaborate with MHCADSD to potentially expand cross systems outreach, cross-referrals, and training opportunities.
4. Undertake a system resource mapping process to provide an organizational framework for program work.
5. Work across DCHS to explore better coordination and sharing best practices and measurement for children birth-to-three and their families.

III. Description of King County's Early Intervention System

A. Demographic Data for King County's EI System

The EI program, administered by the KCDDD is an entitlement program, which means KCDDD is required to serve all eligible birth-to-three year old children with developmental delays and disabilities who seek services. The number of children served with EI services has grown significantly over the past several years.

Growth in Number of Children Served in Early Intervention System July 2009 – June 2014

Year	Total Number of Children Served	Increase in Number of Children	Percent Increase Over Previous Year
July 2009 - June 2010	2,543		
July 2010 - June 2011	2,956	413	16%
July 2011 - June 2012	3,134	178	6%
July 2012 - June 2013	3,277	143	5%
July 2013 - June 2014	3,419	142	4%

Data Source: Washington State DEL/ESIT database

In the last five fiscal years, total annual enrollment has grown from 2,543 to 3,419 children served, representing a growth rate of 34 percent.

Despite this growth in numbers of children served with EI services in King County, the percent of infants and toddlers who receive EI services has remained fairly flat. The Washington State DEL/ESIT calculates the percent of children birth-to-three served as of a sample day as shown in the table below.

December 1st Child Count in Early Intervention Services From 2010 - 2013

Day in Time for Calculation	Total Birth-to-Three Population in King County*	Number of Children Served in King County**	Percentage of Birth-to-Three year olds served in King County
12/1/2010	75,178	1425	1.9%
12/1/2011	74,793	1493	2.0%
12/1/2012	74,201	1,545	2.1%
12/1/2013	74,793	1,600	2.1%

**Actual births for three previous calendar years*

***Number of children receiving EI services on the date indicated*

Data Source: Washington State DEL/ESIT database

The percent of birth-to-three population served as of a day in time has grown slightly from 1.9 percent in 2010 to 2.1 percent in 2013. Though this roughly two percent of population served in King County seems low relative to the potential need for services, it is important to note that the current State "target" for service level is 2.5 percent of the birth-to-three population. King County would need to serve 269 additional children for the day-in-time calculation in order to reach the State Target of 2.5 percent of births as of 2013.

Further analysis of the day-in-time calculations shows that several ethnic groups were significantly underserved on December 1, 2013. Children who were identified as Black/African American, Asian, Native Hawaiian/Pacific Islander and White were all served at rates ranging from 1.5 to 1.8 percent of births for each ethnic group and well below the countywide 2.1 percent of births on that day.

The day-in-time calculations demonstrate that King County has not yet reached state level goals for enrollment of children into services however they do not fully describe who is and is not receiving early intervention services. First of all, they do not show the total number of children served in a year. Secondly, the State target of 2.5 percent does not indicate the full level of children who are eligible for services in King County.

About 13 percent of the population of infants and toddlers have developmental delays that would make them eligible for early intervention services, according to analysis of a representative birth cohort in the Early

Childhood Longitudinal Study, including assessments of children at 9 months and 24 months.[2] Given that 13 percent of the total birth-to-three population in King County would likely be eligible for EI services at any given time, all of our populations are underserved.

Analysis of King County birth data by race and ethnicity indicates that some communities are more underserved than others, as shown in the chart below. There are some challenges in making these comparisons. Children who are identified as Hispanic might also be identified as another ethnicity. The Asian population is quite diverse, but not fully reflected as such in this data. The Black/African American designation includes families who are African immigrants.

Estimated Number of Children Eligible for Services in 2013
By Demographic Data for Births in King County

Race or Ethnicity	Number of Children Born in King County 2008-2010	Estimated 13% of Births Eligible for EI Services	Number of Children Served with EI Services In 2013	Number Underserved Relative to Eligible for EI Services
American Indian/ Alaska Native	**578**	**75**	**27**	**48**
Asian	**13,468**	**1751**	**492**	**1259**
Black/African American	**6,059**	**788**	**259**	**529**
Hispanic* **	**10,989**	**1429**	**677**	**1390**
Native Hawaiian/ Pacific Islander	**1144**	**149**	**39**	**110**
White	**49,920**	**6,490**	**1507**	**4983**
Multiple Race	**2663**	**346**	**272**	**74**
Unknown Race	**961**	**125**	**0**	**125**
Total	**74,793*** **	**9723**	**3273**	**6450**

Data Sources:
**Birth Certificate Data, Washington State Department of Health, Center for Health Statistics, 2008-2010*
*** Washington State DEL/ESIT database*
****Hispanic/Latino children may be of any race and are included in King County racial categories*

Of the 6,450 children who were likely eligible for early intervention services in King County during 2013 but did not receive them, some children may have obtained EI services during 2012 or 2014. Many families probably obtained services through private

[2] Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics, 121*(6) e1503-e1509. doi:10.1542/peds.2007-1680

therapy and hospital based programs. However it is clear that a significant number of young children did not access services or supports during this sensitive window for brain development that could prevent or minimize future challenges.

Demographic Data for Births in King County and Children Birth-to-Three Served in Early Intervention System in 2013

Race or Ethnicity	Number of Children Born in King County 2008-2010	Percentage of Births in King County*	Number of Children Served with EI Services In 2013	Percentage of Children Birth-to-Three Receiving EI Services in 2013**	Over or Under-represented Relative to Births
American Indian/ Alaska Native	**578**	**1%**	**27**	**1%**	
Asian	**13,468**	**16%**	**492**	**15%**	**-1%**
Black/African American	**6,059**	**8%**	**259**	**8%**	
Hispanic* **	**10,989**	**15%**	**677**	**21%**	**+6%**
Native Hawaiian/ Pacific Islander	**1144**	**2%**	**39**	**1%**	**-1%**
White	**49,920**	**67%**	**1507**	**46%**	**-21%**
Multiple Race	**2663**	**4%**	**272**	**8%**	**+4%**
Unknown Race	**961**	**1%**	**0**	**0%**	
Total	**74,793**	**115%*** **	**3273**	**100%**	

Data Source:
**Birth Certificate Data, Washington State Department of Health, Center for Health Statistics, 2008-2010*
*** Washington State DEL/ESIT database*
****Hispanic/Latino children may be of any race and are included in King County racial categories*

While the chart above indicates which groups EI might be underserved relative to the births in King County, there are several other factors for further consideration. Immigration and outmigration of families with young children are not reflected in the birth data. In-migration accounts for half of King County's total population growth over the past twenty years. Furthermore, prevalence of developmental delays and disabilities may vary within and across communities for a variety of reasons. Access to prenatal care, early health care, family incomes, family supports, and other factors may impact prevalence of developmental delay or disabilities. Other resources document inequitable distribution of these resources for families of color and families whose home language is not English in King County.

Within the growing number of children served, there is also an increasing diversity of languages spoken. In 2013, 75 percent of families identified their home language as English. For most of the families who identified a home language other than English, services were provided via interpreters or by staff who use the home language. It is possible that the languages listed in the Washington State DEL/ESIT database do not

indicate the full breadth of languages families use at home. Spanish is by far the most frequent home language other than English. The next most frequently spoken languages are Chinese, Vietnamese, Somali, Russian, Arabic and Hindi. It is notable that the “Other” languages comprise over four percent of the total and may include a significant language group.

Family Languages Served in Early Intervention System in 2013

Language	Children Served	Percent of Children Served
Arabic	19	0.52%
Bengali	8	0.22%
Cambodian	5	0.14%
Chinese	71	1.95%
English	2,722	74.78%
Farsi	3	0.08%
French	4	0.11%
German	1	0.03%
Hindi	17	0.47%
Japanese	6	0.16%
Korean	12	0.33%
Oromo	1	0.03%
Portuguese	6	0.16%
Punjabi	5	0.14%
Russian	23	0.63%
Sign	4	0.11%
Somali	33	0.91%
Spanish	496	13.63%
Tagalog	4	0.11%
Vietnamese	44	1.21%
Other	156	4.29%

Data Source: Washington State DEL/ESIT database

B. King County’s Role as Local Lead Agency

The KCDDD serves as the LLA to provide services for children birth-to-three in King County who have developmental delays or disabilities and their families. As the LLA, King County maintains a countywide EI system that provides services in accordance with Washington State’s federally approved plan, under the Federal IDEA and federal and state laws and regulations. King County has several roles as the LLA under contract with the Washington State DEL/ESIT. Responsibilities include:

1. Coordinating the EI service delivery system, which includes developing and monitoring contracts with local provider agencies to deliver appropriate EI services to eligible children and families.
2. Providing support to locally registered Family Resources Coordinators (FRCs).

3. Promoting public awareness and “Child Find” activities to ensure access to EI services.
4. Supporting and staffing the King County Interagency Coordinating Council (KCICC) and increasing multi-systems collaborations.
5. Administering state and federal funds and some school districts funds for EI services.
6. Reporting on State Compliance, Performance and Outcome measures compared to targets as required by Washington State’s Part C Performance Plan.

Each role is discussed in more depth below. When it is done well, each of these roles has a positive influence on the others.

1. Coordinating the EI Service Delivery System

   King County contracts with local non-profit agencies who deliver EI services throughout the county. King County is responsible for developing and monitoring these contracts. Below are two types of service providers:

   - Full Service EI Providers - Nine nonprofit agencies serve specific, mostly overlapping areas of King County and offer all EI services that meet the needs of children and families.
     - North King—Boyer Children’s Clinic, Kindering Center, ChildStrive, Northwest Center Kids, Wonderland Developmental Center
     - East King—Encompass, Kindering Center
     - Seattle—Boyer Children’s Clinic, University of Washington Experimental Education Unit, Northwest Center Kids, Wonderland Developmental Center
     - South King—Birth to Three Developmental Center, Northwest Center Kids, South King Early Intervention Program
   - Deaf/Hard of Hearing Providers -Three nonprofit agencies serve children with hearing loss and their families throughout King County using distinct communication approaches. Introduction to these options is provided via an “independent” Family Resource Coordinator (FRC) to encourage families to make their own choices. These FRCs are currently housed at Northwest Center Kids and partner with all three organizations:
     - Hearing, Speech and Deafness Center—Parent Infant Program
     - Listen and Talk
     - Seattle Children’s—Family Conversations

The service providers determine eligibility for EI services, conduct eligibility evaluations and assessments, and provide EI services.

Eligibility for EI Services -- Children from birth-to-three years of age, with families from any income background, may be determined eligible for Part C funded EI services by:

- Diagnosis with a physical or mental condition that has a high probability of delays; and/or.
- Demonstrating a 25 percent delay compared to age peers in at least one developmental area based on standardized testing.
- Informed clinical opinion by evaluation team members when there is no diagnosis or the standardized testing does not show at least 25 percent delay.

Eligibility Evaluations and Assessments -- Any person may refer a child to access a developmental evaluation by contacting the Lead FRC or any of the EI providers to arrange for an evaluation to determine eligibility. If someone other than the family makes the referral, the family will be contacted to see if they are interested. Providers accept referrals and schedule evaluations within 45 days to determine whether the child qualifies for services. Evaluations are available at no cost to the family. However if the family has insurance that would cover the evaluation, they may be asked for permission to bill their insurance carrier. The family is not responsible for any co-pay, co-insurance or deductible billed as a result of an evaluation to determine eligibility.

Evaluators choose from variety of tools to conduct a developmental evaluation that covers the following five developmental areas:

- Cognitive - playing, thinking, and learning
- Physical - moving body, using hands, seeing, and hearing
- Communication - understanding home language and expressing desires
- Social-Emotional - relating with others and expressing feelings
- Adaptive - calming, eating, sleeping, dressing and other “self-help” skills

Evaluations may occur at home or other convenient settings for the family. The evaluation team shares results with the family and whether the child is eligible for EI services. If the child does receive services, regular and ongoing assessments will be used to determine progress and possible next steps.

Early Intervention Services -- Children who are eligible for EI are offered one or more services designed to support the child’s

development, which are outlined in an IFSP. A plan is developed with parents and other team members. The EI services that families most frequently access include:

- Family Resource Coordination services (for all eligible families)
- Developmental services, also called Individual Education
- Speech Therapy
- Motor Therapy (occupational or physical therapy).

Other EI services that families may access include:

- Audiology and assistive technology
- Feeding therapy and nutrition services
- Family training, counseling, and home visits
- Health, nursing, and medical services
- Psychological services
- Social Work services
- Vision services

2. Providing Support to Locally Registered FRCs

King County has 60 FRCs across all of the full service providers. The FRCs for children receiving services from Deaf/Hard of Hearing providers are currently located at Northwest Center Kids or one of the full service providers. As of January 1, 2014, all FRC were located in an EI agency. Other key elements of family resources coordination in King County include the following:

- All providers use Washington State's DEL/ESIT Data Management System from the first point of referral. This eliminates duplication of services and multiple IFSPs.
- The FRCs ask families to share any community based therapies or resources they are already using. Providers work to collaborate with community based services whenever possible.
- King County's contract with providers requires them to maintain a caseload of 35-55 families per full time FRC.
- The FRCs participate in state and county required training. King County sponsors registration fees for all FRCs serving at least five children from EI agencies at the annual Infant and Early Childhood Conference. Additional training and technical assistance is offered to FRCs on an as-needed or required basis.
- King County reviews training records and criminal background checks as part of regular agency contract compliance monitoring.
- King County maintains a list of all current active FRCs and is developing a direct Listserv of all FRCs to disseminate information.

3. Promoting Public Awareness and Child Find Activities to Ensure Access to EI Services

King County uses a variety of approaches to finding, screening, referring, and evaluating children birth-to-three and their families to encourage participation and support greater access to EI services. Regular and ongoing public awareness and Child Find activities include funding outreach projects, providing community trainings and linkages, and distributing EI materials.

- Outreach Projects - Three projects currently play a significant role in King County's outreach and "Child Find" activities:
    - Lead Family Resources Coordinator—Public Health and King County's Community Health Access Program (CHAP) currently staffs the

county-wide referral line that connects families with one of the EI providers (listed below) for assessment and services. The main staff person who answers the referral line is the designated Lead FRC. Referrals may be made to the CHAP line or if possible directly to any EI provider.

- Bilingual-Bicultural Outreach - SOAR currently provides outreach to bilingual and bicultural families, links with bilingual bicultural community organizations, and conducts developmental screenings with families.

- Public Health Nurse Outreach - Currently the Children with Special Health Care Needs nurses make rounds to hospitals with Neonatal Intensive Care Units and may refer infants and their families directly to EI providers. The nurses also connect with pediatricians and other primary care providers to encourage referrals.

- Community Trainings - King County's EI Program Managers provide regular trainings upon request to increase familiarity with EI services, determine how to make referrals and determine when to refer. Recent trainings have been held with community health clinics, home visiting providers, homeless family service providers, substance abuse treatment providers, infant mental health providers, child care conferences and in many other settings. Resource packets are provided including an "EI Provider Referral" list.

- Community Linkages - King County's EI Program Managers participate in a wide array of community groups to ensure that other systems know about the county's EI system, to encourage referrals, and to build collaborations. A partial list includes:

    - King County Early Learning Coalition
    - United Way Early Learning Impact Council
    - Infant-Toddler Consultation Steering Committee
    - State Approved Training Advisory Group
    - SOAR Partnership Council
    - King County Infant Mental Health Networking Meetings
    - King County Promotores Network
    - Families and Children Early Support Network

- Quad-County Developmental Disabilities Training Committee
- Advancing Racial Equity Community of Practice
- Seattle-King County Coalition for Homeless Families Committee
- Department of Children and Family Services Early Learning Enrollment Team Meetings
- Children's Administration Child Safety Birth-to-Three Statewide Workgroup

- Distribution of EI Materials - King County has printed and distributed thousands of "Babies Can't Wait" brochures in multiple languages (English, Spanish, Chinese, Vietnamese, Russian, and Somali). In addition, from July 2012 through June 2013, King County has distributed the following EI materials:
  - Parent's Rights Booklets/Handouts (7,714 copies in multiple languages)
  - "A Families Guide to Early Intervention" (1,650 English, 565 Spanish)
  - "What Happens When My Child Turns Three?" (950 English, 748 Spanish)
  - Birth to Six Growth Charts (1,005 English, 270 Spanish)
  - Birth-to-Six Prescreen Wheels (305 English, 190 Spanish, 30 Vietnamese, 110 Russian, 175 Korean, 300 Chinese, 100 Laotian, 60 Cambodian)

4. <u>Supporting and Staffing the KCICC and Increasing Multi-systems Collaborations</u>

   King County's EI Program Managers provide staffing support for KCICC meetings, KCICC Operations Subcommittee meetings and KCICC Families subcommittee meetings. In addition, the Program Managers collaborate and coordinate with multiple systems in the early childhood community, in the DD community and across the region.

   - The KCICC -- The KCICC's mission is to create collaborations that work towards providing comprehensive, culturally competent, family centered and community based services for all children birth-to-three years of age with special needs and their families in King County.

The purpose of the KCICC includes advising and assisting the county EI system, identifying sources of financial support, updating the Birth-to-Three Plan, and seeking information from families, providers and others about issues that affect service delivery and strategies for improvement. The KCICC was actively engaged in the preparation of the Birth-to-Three Plan.

Diverse membership currently includes family members, EI providers and community members. Voting members are from many cultural backgrounds and live and work throughout King County. Community members represent a wide array of organizations including early learning, health and mental health, substance abuse treatment, DD, governmental entities, higher education, private therapies and many others. Non-voting members from across the community also regularly participate in KCICC meetings.

- The King County Board for Developmental Disabilities - The EI Program Managers and KCICC members regularly attend Board meetings for cross sharing of information.

- Outreach to Providers Serving Families with Multiple Needs - King County has many complex systems. Current efforts to collaborate and coordinate with other service systems include:

    - Families Who are Homeless. Each EI provider collaborates with and provides outreach to shelter and transitional housing programs located in their area.

    - Families Involved in the Child Welfare System. Outreach is currently being provided to the child welfare system through participation on a Child Welfare/Early Learning Project. The purpose of this joint project of Children's Home Society of Washington with DSHS, Children's Administration is to enroll more children ages birth-to-five with open or recently closed child welfare cases at each area office into evidence-based early learning programs, to build shared knowledge and working relationships and to develop an effective ongoing referral process.

    - Families with High Social-Emotional Needs. The Children Encouraged by Relationships in Secure Homes (CHERISH) expansion project is increasing the capacity of the King County EI system to identify more children who would be eligible for EI services and increase the skills of providers in addressing the needs of all children.

- Families with Substance Abuse and Treatment. King County EI Program Managers conducted a training and focus group with ten Case Managers at the University of Washington Fetal Alcohol and Drug Unit, Parent-Child Assistance Program and Perinatal Treatment Services in March 2013.

5. Administering State and Federal Funds and Some School District Funds for EI Services

King County has held contracts with the Washington State DEL/ESIT, DSHS/DDA, and some school districts to fund EI services. Providers in King County are adept at seeking and maintaining funding from all potential fund sources. The funding of services is complex and requires significant attention.

Over the past several years King County contracted with 5-7 school districts, then served as a third party payee to EI providers. After lengthy discussions with both school districts and EI providers, it was agreed that this was not a value-added role for King County to play. By stepping out of the way and encouraging school districts to contract equitably with EI providers, there are several possible net benefits:

- Improved relationships between EI providers and school districts with the possibility of a smoother transition for children who are turning three and their families
- Increased pass through of funds to EI providers due to King County not retaining administrative fees.

All school district contracts for EI provider pass through were discontinued at the end of the 2013-2014 school year.

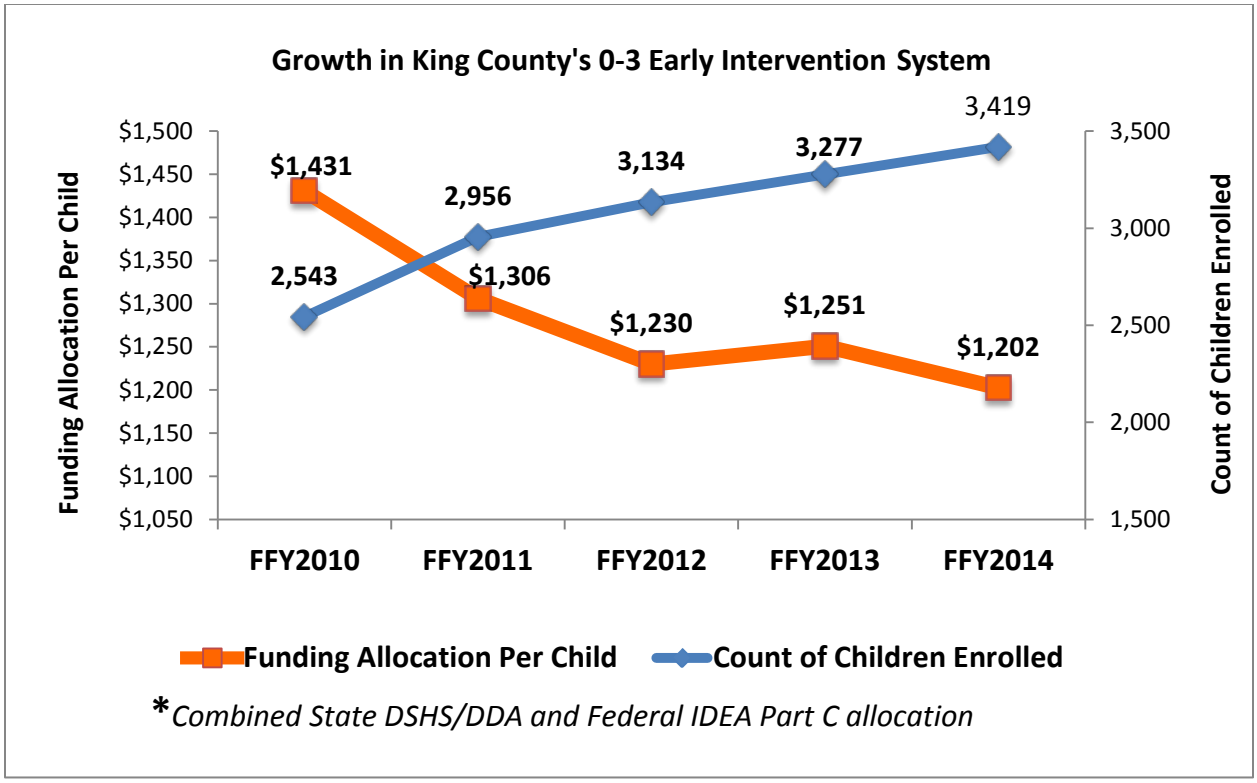
Funding Sources in King County's EI System 2014

Fund Source	Who is Eligible	How Funds are Paid	Status
School Districts	All children with IFSPs	Providers contract directly with most districts. King County contracts with some districts and acts as a third-party payor (discontinued 8/14).	Funding per child for 8-10 months per year based on state allocation minus district administrative hold back (as high as 15-50 percent or more).
Child Development Services, DSHS/DDA	Most, but not all, children with IFSPs. Child must meet DSHS/DDA eligibility requirements*	Providers bill King County (which contracts with DSHS/DDA).	Fixed total funding. Rate per child decreases as more children are served.
Part C DEL/ESIT	All children with IFSPs	Providers bill King County (which contracts with DEL/ESIT).	Fixed total funding. Rate per child decreases as more children are served.
Family Cost Participation	All children with IFSPs	Parent gives permission for provider to bill Medicaid or Private Insurance or is placed on a sliding fee scale.**	Some of the services are covered at variable rates by different insurance companies. Family copays, deductibles, and co-insurance may be a portion of this.
Provider fundraising	All providers in King County engage in these activities	Grant writing, fundraising and other activities are essential for providers to fill the gap between cost of services and above potential sources of income.	Providers may have to identify and raise $2,000-4,000 per child served each year to ensure services delivery for this entitlement program.

**As of 7/1/14 DDA aligned eligibility with ESIT; some DDA applications are still pending.*

***Families with adjusted income below 200 percent of Federal Poverty Level do not pay for services.*

Currently KCDDD administers two fund sources via contracts with EI providers: Child Development Services (CDS) funds from DSHS/DDA and Part C funds from the Washington State DEL/ESIT. Both fund sources have a fixed annual amount which does not increase as the number of children increase. While the CDS total amount has held steady for a number of years, the Part C amount has had several "one time only" increases in FY 2013 and 2014.



If growth in the number of children receiving EI services in King County were to remain steady at three percent over the next sixyears, by FY2020 King County would be serving the state target of 2.5 percent of children. However assuming the funding levels for CDS and Part C remain constant at the FY 2014 levels, the funding allocation would drop even further to $978 per child annually. This increased "gap" of $453 per child relative to FY 2010 funding is equivalent to a $100,000 annual gap for the smaller EI agencies and more than half a million dollar gap for the largest EI provider in King County.

Washington State DEL/ESIT is exploring ways to improve the equitable distribution of Part C funds to Local Lead Agencies while maintaining a statewide system. While King County's EI system would benefit from improved equity in statewide distribution of Part C funds, additional funding to keep pace with and sustain a growing system of EI services will be an ongoing challenge.

6. <u>Reporting on State Compliance, Performance and Outcome Measures Compared to Targets as Required by Washington State's Part C Performance Plan</u>

Washington State DEL/ESIT requirements currently include both "compliance" and "performance" indicators as outlined in the chart on the following page.

Compliance, Performance, and Outcome Indicators for King County
July 1, 2012 - June 30, 2013

Indicator	Type	State Target	King County
1. Timely Services	Compliance	100%	99%
2. Natural Environments	Performance	92%	94.5%
3. Child Outcomes Summary Statement: a. Positive social-emotional skills b. Acquisition and use of knowledge skills c. Use of appropriate behaviors to meet their needs.	Outcome	*A1 - 70.2% **A2 – 61.7% B1 – 64.5% B2 – 61.1% C1 – 71.5% C2 – 68.0%	*A1 – 52.2% **A2 – 58.0% B1 – 60.1% B2 – 58.0% C1 – 66.1% C2 – 54.7%
4. Percent of families participating in Part C who report that EI services have helped the family: a. Know their rights; b. Effectively communicate their children's needs, c. Help their children develop and learn.	Outcome	A. 85.0% B. 90.0% C. 95.0%	A. 96.4% B. 97.8% C. 96.4%
5. Percent of infants birth to one served	Performance	1.2%	.62%
6. Percent of infants and toddlers served birth-to-three	Performance	2.5%	2.1%
7. Percent of evaluations, assessments, and initial IFSP meetings within 45-day timeline.	Compliance	100%	94%
8. Percent of children exiting services who received timely transitions: a. Transition steps & services on IFSP; b. Notification of Local/State Education Agencies; and, c. Timely Transition conference/Part B.	Compliance	100% 100% 100%	100% NA*** 97.8%

**Indicator three Summary Statement A1, B1, C1—the percent of infants and toddlers who entered and exited the program below age expectations who substantially increased their rate of growth by the time they turned tree years or exited services.*

***Indicator three Summary Statement A2, B2, C2—the percent of infants or toddlers who were functioning within age expectations by the time they exited or turned three years of age.*

****State Early Support for Infants and Toddlers program is responsible for this indicator.*

Data Source: Washington State Department of Early Learning, Early Support for Infants and Toddlers Data Management System Reports.

Timeliness of Evaluations, Services and Transitions (Indicators 1, 7, and 8)

When a child is referred to the EI system, the provider has a maximum of 45 days from the first contact to schedule an evaluation to determine eligibility and if the child qualifies for services to schedule an IFSP meeting with family and other team members. In King County this deadline was met 94 percent of the time during the period from July 2012 through June 2013 (Indicator 7).

After the IFSP is developed, the agreed upon services must start within a 30-day timeline. This deadline was met 99 percent of the time in King County from July 2012 through June 2013 (Indicator 1). The most common reasons listed when services were not provided in a timely manner were: the agency did not have staff available to serve the children; data entry errors that could not be fixed by the FRC; and interpreters were not available. The King County EI Program Managers regularly monitor agency capacity. King County provider meetings are scheduled at least every other month and providers report on their staffing and capacity and alternatives are developed when agencies are short staffed. All providers in King County are encouraged to expand their service areas to provide better coverage.

As children approach their third birthday, there are also requirements related to supporting transitions (Indicator 8). For all children receiving services (100 percent), transition steps and services were listed on their IFSP during July 2012 - June 2013. Local and State Education Agencies were consistently notified about children turning three during the same period (100 percent). Transition conferences were held within appropriate timeframes for children turning three 97.8 percent of the time during July 2012 - June 2013.

Natural Environments (Indicator 2)

As of June 1, 2013, 94.5 percent of children who received EI services were served in their home or community setting (Indicator 2) as identified on their IFSPs. Some providers offer all of their services in natural environments. Others offer a combination of settings, but best practices indicate the location should be in response to child and parent needs with natural environments being an option for every child. Additionally, when locations are used that are not everyday settings for typically developing infants and toddlers, there needs to be a written plan for moving the services into a natural environment.

Improved Child Outcomes (Indicator 3)

Children who receive services through King County’s EI system consistently demonstrate high levels of gains across all functional areas of development. Washington State DEL/ESIT program measures three multi-faceted child outcomes when children enter services and again when they leave services or at age three (if the child received services for six months or more).

The degree of progress for each Outcome Statement is reflected in two types of summary measures:

- **Substantial Progress—**The percent of infants and toddlers who entered and exited the program below age expectations who substantially increased their rate of growth.

- **Age Expectations—**The percent of infants and toddlers who were functioning within age expectations by the time they exited or turned 3 years old.

The rate of children who made substantial progress with Positive Social-Emotional Skills in King County during July 2012-June 2013 was 52.2 percent, well below the State Target of 70.2 percent. However the rate children who met age expectations upon exiting services in King County during the same period was 58 percent, only 3.7 percent below the State Target.

Examining Positive Social-Emotional skills by ethnic group, Latino infants and toddlers scored the closest to the King County average on both measures. Children who were Asian, Black or African American, and Two or More Races all scored below the King County average for making substantial progress in Positive Social-Emotional skills.

Child Outcomes: Positive Social-Emotional Skills
Children Served in King County July 2012-June 2013
By Ethnicity

Ethnicity	Made Substantial Progress (SS1)	Met Age Expectations (SS2)	Above or Below King County Total SS1	Above or Below King County Total SS2
American Indian or Alaska Native	55.56%	57.14%	3.3%	-0.8%
Asian	49.61%	52.28%	-2.6%	-5.7%
Black or African American	50.88%	49.40%	-1.3%	-8.6%
Hispanic or Latino	51.70%	58.58%	-0.5%	0.6%
Native Hawaiian/Pacific Islander	56.25%	39.13%	4.0%	-18.8%
Two or More races	46.97%	51.04%	-5.3%	-6.9%
White	54.60%	62.83%	2.4%	4.9%
Total King County	52.22%	57.97%		

Data Source: Washington State Department of Early Learning, Early Support for Infants and Toddlers Data Management System Reports.

For the outcome area “Acquiring and Using Knowledge and Skills”, King County’s ratings during the period July 2012 - June 2013 are approaching the State Targets, with 60.1 percent of children making substantial progress, and 58 percent of children meeting age expectations upon exiting services. Significantly lower percentages of American Indian or Alaska Native, Black or African American, and Native Hawaiian

or Pacific Islander exited services meeting age expectations, compared to the King County totals.

In King County the "Use of Appropriate Behaviors to Meet Needs" child outcome was also below the State Targets during July 2012 - June 2013 with 66.1 percent of children demonstrating substantial progress and 54.7 percent meeting age expectations upon exit of services. Children who were identified as Black/African American and Hawaiian/Pacific Islander had significantly lower percentages of children who made substantial progress on this outcome and who met age expectations upon exiting services.

Multiple factors are involved in King County's child outcomes being lower than State Targets and disproportionate among ethnic groups. During 2014, Washington State DEL/ESIT chose Positive Social-Emotional skills as an area for improvement statewide. Improving the quality and consistency of outcomes assessment, provider training in cultural competence, further data analysis are all warranted toward making improvements.

Improved Family Outcomes (Indicator 4)

From July 2012 through June 2013, FRCs distributed the Family Outcomes Survey provided by the Washington State DEL/ESIT at annual IFSP meetings, six months reviews and transition meetings. A total of 179 families returned the survey to Washington State DEL/ESIT or less than five percent of the total number of families served. Families responding to the survey question "How do you identify your child?" answered as follows (numbers rounded):

- 1% - American Indian or Alaska Native
- 7% - Asian
- 7% - Black or African American
- 7% - Hispanic
- 60% - White
- 18% - two or more races

Families who identified their children as Latino or Asian families completed the survey at lower rates than they are served in King County. Families who identified their child as White or two or more races completed the survey at higher rates than they are served in King County.

The low rate of return of the Family Outcomes Survey and lack of representative populations when compared with the demographics of families who received EI services in King County are important concerns. One challenge to survey completion has been that each agency also surveys families for their feedback on an annual basis.

To increase the rate of family participation, FRCs distributed the survey to all families served in the EI system during the month of April 2014 and participation jumped to 419 families, with 43.7 percent of families indicating their child was eligible

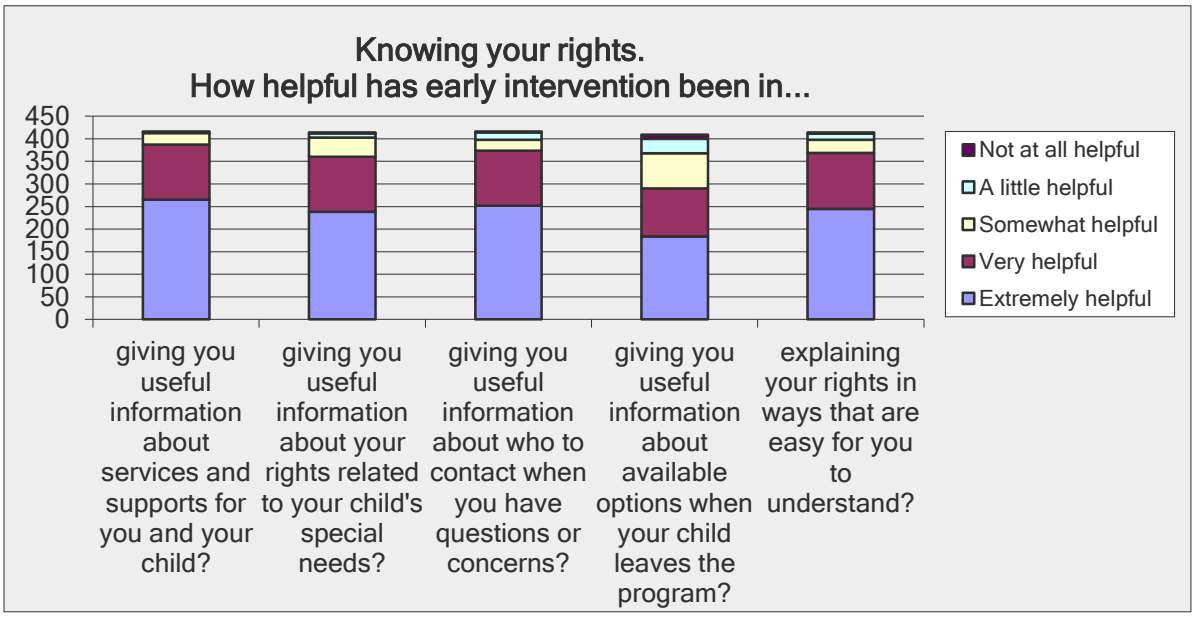
for Medicaid The 2014 Family Survey in King County also reflected more diverse participation of families. While only July 2012 - June 2013 data are included for consistency above in the Washington State DEL/ESIT **Compliance, Performance and Outcomes Indicators** chart, the 2013-2014 Family Outcomes data are now available and provided in the following charts:

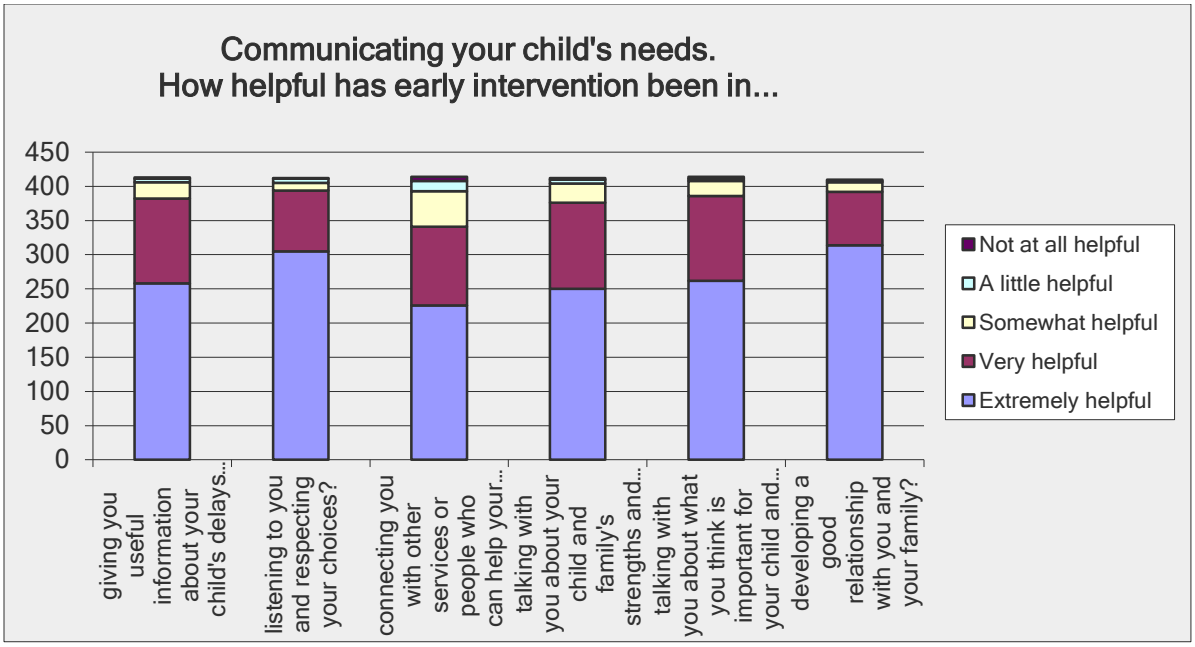
Washington State Department of Early Learning
Early Support for Infants and Toddlers
Family Survey 7/1/2013 thru 5/15/14 - King

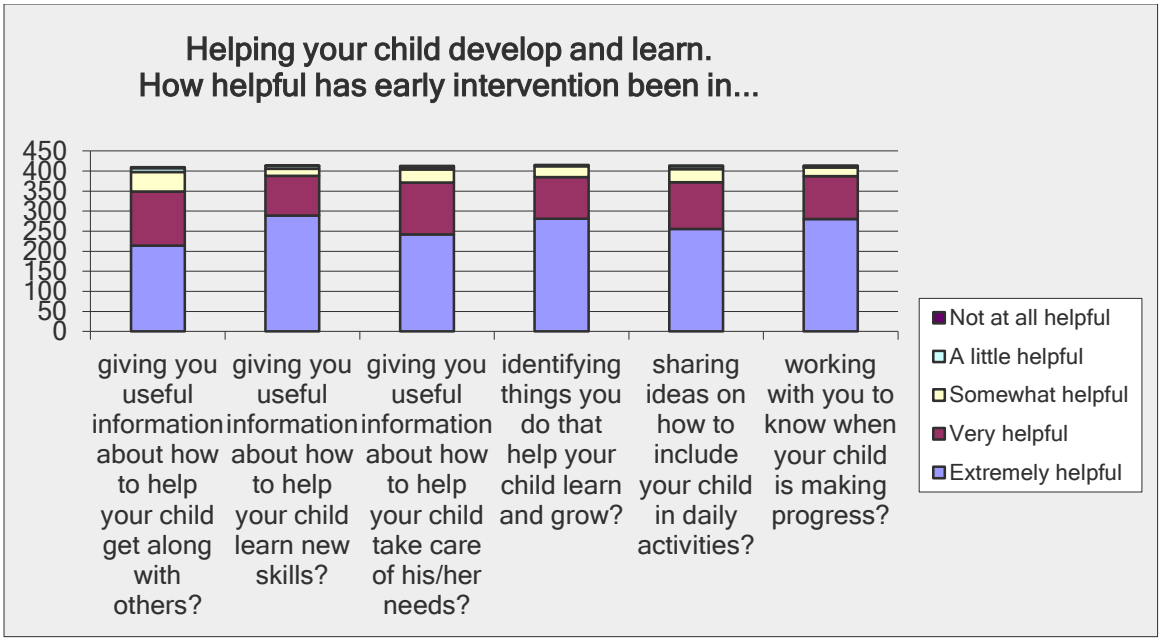
How do you identify your child?		
Answer Options	**Response Percent**	**Response Count**
American Indian or Alaskan Native	0.2%	1
Asian	13.2%	54
Native Hawaiian or other Pacific Islander	0.2%	1
Black or African American	6.6%	27
Hispanic	6.3%	26
White	51.2%	210
Two or more races	22.2%	91
	answered question	**410**
	skipped question	**9**

Data Source: Washington State Department of Early Learning, Early Support for Infants and Toddlers Family Survey Reports.

King County Family Outcomes 2014







Percent of Infants Birth-to-One with IFSPs (Indicator 5)

King County's rate of serving children in the birth-to-one age range at .62 percent of births in 2013 continues to be lower than the State Target; however, Indicator 5 for the county has improved to serving .81 percent of birth-to-one year olds by June 2013. The increase may be partially due to improved early referrals of children who are deaf or hard of hearing

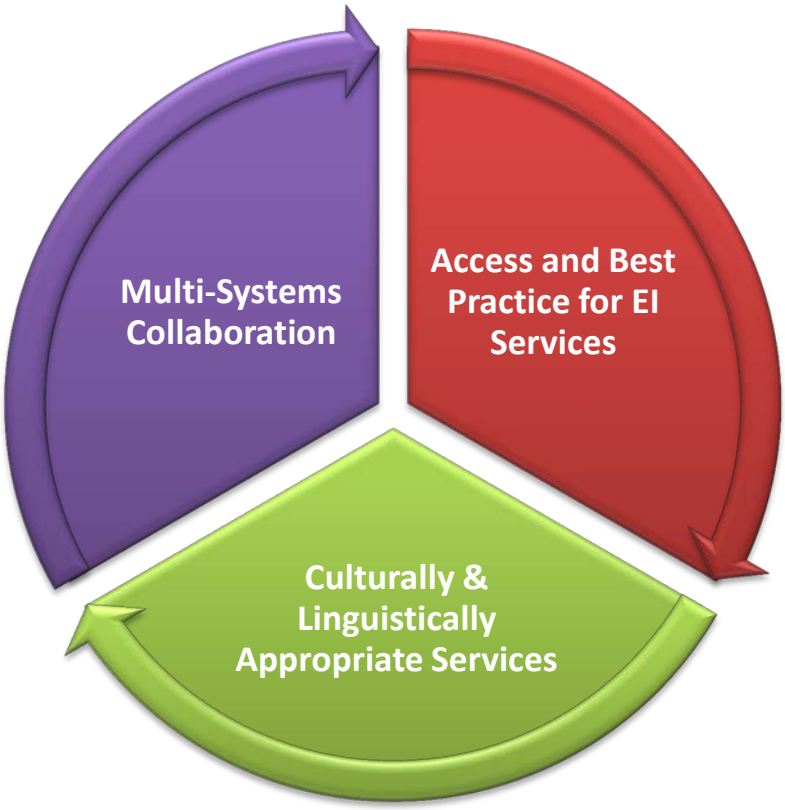
Percent of Infants and Toddlers Birth-to-Three with IFSPs (Indicator 6)

The percent of children birth-to-three served in EI services has held steady at 2.1 percent for several years. While the total number of children served in EI has grown, so has the birth-to-three population in King County. Even though there was an increase in children served in King County in 2012 over 2011, the percent served on a “day in time” did not increase.

“Annual number of children” served is a more accurate indicator than the “day in time” counts used by the DEL/ESIT program. If the target 2.5 percent of infants and toddlers served were reached at this time, King County would be serving more than 350 children on the day in time count and over 700 additional children annually. If projections of birth-to-three population growth hold and the King County EI system grows by three percent annually in number of children served, the 2.5 percent State Target could be reached by 2020.

IV. Strengths and Challenges in King County's Early Intervention System

The KCDDD sought extensive community input to identify the strengths, challenges and gaps in the county's system of services and supports for children birth-to-three and their families. A significant number of detailed comments of appreciation, concerns, and suggestions were gathered from January through July 2013. Priorities were identified across four core issue areas: culturally and linguistically appropriate services, access to EI services, best practices in providing EI services, and multi-systems collaborations. The challenges and gaps were consolidated for ease of reading below. Similarly, "access to EI services" and "best practices in providing EI" were collapsed under a single heading.



A. Early Intervention Program Strengths

King County's EI system has many identified strengths across its system of service delivery. Early Intervention providers are dedicated and demonstrate continuous improvements. Community partners are consistently engaging with EI providers. While dozens of specific systems strengths were identified during the planning process, only the prioritized strengths are discussed below.

1. **Culturally and Linguistically Appropriate Services**

- **The EI providers are committed to providing information in families' home languages with use of interpreters as needed and hiring bilingual staff whenever possible.** When families are matched with service providers who speak their home language, both families and staff members report greater satisfaction. Providers regularly use interpreters and are somewhat satisfied with the online system for requesting Medicaid interpreters. Agencies also fundraise to cover the costs of interpreters when the child does not have Medicaid insurance. Early Intervention providers often pay for written translations of materials to promote family access to information.

- **Outreach to bilingual and bicultural communities is extensive.** SOAR conducts outreach with bilingual, bicultural communities (Chinese, Somali, Spanish, Vietnamese, Russian and English speaking) including training liaisons within the communities (250 community members trained to date), providing information about birth-to-three services (reaching 3,500 families/year), and conducting developmental screenings (about 30 per year). The Arc of King County and Open Doors for Multicultural Families also conduct outreach with families who have young children as part of their many activities across the age span.

2. **Access and Best Practice for EI Services**

- **Availability of home or community-based eligibility evaluations.** Some providers offer home-based evaluations to determine if a child is eligible for EI services. Home or community based evaluations increase access to birth-to-three services for families who have transportation or other barriers.

- **Primary care providers are a top source of referrals to the EI system.** In 2012 the DEL/ESIT DMS indicated that 44 percent of referrals to EI were from physicians. It is likely that many of the 35 percent who indicated "Parent" as the referral source were also initially referred by their child's primary care provider. Some EI providers team directly with nearby pediatricians and clinics to strengthen their teamwork. Boyer Children's Clinic shared that this sort of teaming helped to increase referrals of Somali families to EI services.

- **Provider expertise, flexibility, family-centered and individualized approaches positively impacts children and families.** Families appreciated that some EI staff reflect diverse cultures or speak the family's home language. These

providers bridge gaps and are a trusted resource. The experience, enthusiasm, and specialized expertise from provider staff are important for children and families. Families valued provider flexibility in providing home-based services that were scheduled at convenient times for the family. Working parents appreciated the opportunity to have late afternoon appointments at the park, zoo, or aquarium. Having appointments in a variety of community settings created positive outings for families and provided opportunities for children to practice social skills. Other families mentioned the importance of having siblings present and able to participate in the services.

- **Successful provider collaboration improves the EI experience for everyone**. Providers collaborate between EI disciplines to offer comprehensive and accessible services. Staff reported good collaboration between early learning and EI providers. Also mentioned was the strong systems-level collaboration between providers who serve children who are deaf or hard of hearing, even though the providers have distinctly different communication approaches. Having independent FRCs provide unbiased information about the choices and communication approaches is good for families and for providers.

- **Private therapists help to meet the demand for services for some families.** While it is difficult to quantify how many children are served by private therapists, therapy clinics and hospital based outpatient services, many families are served and Part C funded EI providers tend to collaborate well with private providers. While private services may not have some of the required Part C elements (natural environments, parent coaching, and IFSPs), they do play an important role.

3. **Multi-Systems Collaborations**

- **High quality early learning programs and EI providers often collaborate to serve children with special needs**. Successful models for these collaborations include the following:

    - Early learning home visiting programs can be a strong source of referrals. Some early learning home visiting programs intentionally plan to co-serve children who qualify for EI. While most home visiting programs are not organizationally connected with EI providers, three providers in King County have early learning home visiting programs as part of their agency.

    - Child care providers (both licensed care and family, friend and neighbor care) are one of the primary

community locations that EI services are provided, particularly when parents are working or in school.

- Northwest Center is both an EI provider and operates two licensed child care programs which serve a wide diversity of children.

- Some EI providers, such as Kindering, offer child care consultations to assist the program in planning for children of concern, to observe children and conduct developmental screenings, and to link families with EI services. These services are also offered by Child Care Resources' Infant-Toddler Consultation project to specific licensed providers.

- **Mental Health, Infant Mental Health and Substance Abuse Treatment providers are increasingly collaborating and linking with EI providers**. Some EI providers have mental health therapists on staff. Others have encouraged staff to obtain the Promoting First Relationships three-day training, or longer term infant mental health training. Also mental health agencies are increasingly collaborating with EI providers when there is co-service of children and families. In October 2013, King and Snohomish Counties partnered to provide a two-day Infant Mental Health training for 300 people—including most EI providers from every contracted agency, as well as mental health, early learning, child welfare, and primary care partners at the local level.

- **All children birth-to-three year old entering foster care receive developmental screenings within the first month of care and are referred for EI evaluations as needed.** Child Welfare and Child Protective Service workers have access to monthly informational meetings and a resource database to provide information about child development and referrals to EI, early learning and infant mental health programs. Veteran parents provide help and support to families new to the system to help them successfully resolve child welfare cases including providing information to families at court about child development, EI services and early learning programs.

- **Early Intervention providers are expanding their skills and resources to improve services to all children birth-to-three who are impacted by trauma with their families.** Kindering's CHERISH program, which provides psycho-social support for children birth-to-three in foster care, is leading a multi-year collaborative replication project. This expansion includes extensive training and support for 12 service providers at five EI agencies to build their skills in working with foster children and their families. The process

adds psycho-social evaluation for determining needed services. By building this capacity focused on foster children, EI providers will also expand their skills and resources to improve services to all children birth-to-three who are impacted by trauma with their families.

B. Early Intervention Program Challenges and Gaps

While provider agencies are engaged with many best practices, there are a variety of challenges and gaps within King County's EI system. Families, providers and community members expressed some consistent concerns about EI services delivery. Several challenges and service gaps were shared; however, the following were identified as priorities:

1. Culturally and Linguistically Appropriate Services

- **Adaptation by Family Resource Coordinators and EI service providers to new roles and ongoing roles including: discussing financial obligation with families, cultural competency, larger caseloads, and increased paperwork requirements.** Families shared that some providers have limited relationship skills when discussing concerns, are not listening to families, or make assumptions about culture and religion. It may be difficult to request a change in providers, particularly their FRC. Providers stated that their caseloads are too large and too much time is required to meet paperwork requirements. Providers were also concerned that the IFSP document is becoming more rigid, less flexible, and not clear or family friendly.

- **Staff diversity does not reflect the diversity of families in our communities; service providers may not understand family cultures.** Provider staff diversity has not kept pace with increased diversity of families with young children in King County. Many families across King County suggested that the lack of staff diversity was a barrier to accessing meaningful services. Providers typically ask families what they want or need, but they may not know how to do so in culturally meaningful or appropriate ways. Lack of cultural awareness results in the provider not being able to obtain a clear picture of family needs.

- **Interpreter use can be problematic because of the financial burdens on providers, communication, barriers for families, and consistency and quality of interpreters.** Interpreters certainly help with communication needs; however, both providers and family members report numerous challenges. Issues include burdens for providers, barriers for families and communication challenges while using interpreters. The work load, training needs, and expenses are greater for providers when using interpreters.

Families reported barriers with interpreter use such as availability, dialect differences, and cross-cultural communication challenges. Even when providers and families have an interpreter in place, there are additional challenges such as consistency, quality, and checking for understanding.

- **Terms and words used by EI providers may create barriers to effective communication and misunderstandings with families.** Families and community members shared that they are distressed or confused by some of the language regularly used by EI providers. For example, basic terms such as “intervention,” “home visit,” “at risk,” “infant mental health,” have negative connotations for families and may discourage participation in services. Family members shared that these terms seemed “intrusive” or “threatening” and added to their anxiety when they are already feeling stressed about their child’s development.

  In addition, the translation of terms creates many word choice challenges including EI roles, acronyms and medical terms. For example, the term “Family Resources Coordinator” can be translated different ways in the same language, resulting in different meanings or intentions. Long acronyms are often used in EI. They may need to be explained and not just translated word for word. Many families may not be familiar with words that are used in professional or medical settings which would also have an impact on translation and interpretation.

- **Outreach materials do not address diverse language and literacy needs of families and become barriers to accessing services.** Translations of some of the EI outreach materials are not understandable to families. Current outreach materials do not address low written literacy levels of some families. Additionally, families may not understand paperwork sent through the mail due to language barriers. Cultural and language supports may be needed to read forms, applications and materials and take the next steps to access services.

2. **Access and Best Practice for EI Services**

- **The early intervention system and referral process is confusing for many individuals; numerous concerns were expressed about the 1-800 referral line.** People do not know they can refer their own child for an evaluation. In addition, bilingual bicultural families especially have difficulty negotiating the referral system. For example, sometimes the person answering the line does not understand that the

family or referrer is asking for EI services and the person calling typically has to leave a message. Some families who do not speak English will not leave a message.

- **Many people who interact with young children daily do not know about EI services or how to make referrals.** Families with very young children and the health care and community providers who interact with them do not necessarily have a good understanding of early childhood development. Even those with a clear picture of development do not necessarily know about developmental delays or disabilities, or that early services are available and can make a difference in child and family outcomes. Individuals who use developmental screening tools may do so without a great deal of knowledge about child development or eligibility for EI services. Instead of referring a child for a full developmental evaluation, the screener may reassure the family that services are not needed.

- **Parents are not accessing quality information to help with their decision-making.** Some families shared that they are not being connected to resources, they often find out important information from other parents, and they do not know what to ask for. Some providers are not aware of specific resources in the community to make good referrals. There are language barriers to linking families to resources or services and written materials are not in families' languages. In addition, there is not a good way for parents to meet other parents that have children with similar disabilities and they would like a way to interact, support and learn from each other.

- **Community attitudes and misinformation result in late referrals to EI services creating barriers to accessing EI services for many families.** Families may not benefit from EI services because they were never referred, or they were referred after their child was three years old. Many families benefit less from services because the child was referred at age two and a half and it is less likely that these children will be able to "catch up" by age three. Other children may have challenges from early infancy but are not referred for EI services until they max out insurance benefits at private therapy programs. Late-referred children and their families may make less robust progress because they do not have access to the parent coaching and home or community based services EI offers. In addition, late referrals and

diagnoses are disproportionately higher in communities of color. [3]

Widely held attitudes about child development, fear of labeling, and the EI system itself result in late referrals to EI. Many families shared that they reported developmental concerns to their child's doctor, who responded with "let's wait and see what happens in a few months". However, the child may not be seen in the next few months and/or the physician may still not refer or let the family know they can self-refer to EI for a developmental evaluation at any time. Language barriers may exacerbate this problem. Families who are new to this country may not be sure whether they should share their concerns about their child with the doctor and they may feel ashamed or worry about being blamed for their child's disability.

Families also shared that the fear of labels prevented or delayed their access to EI services. Families may not understand the nature of a disability or how important it is to address early on. Some communities may have a wide range of acceptable behavior so the child is not viewed as having delays. The child is assumed to be fine. Even parents who had long worked in the EI system shared how challenging it was to consider their child's uniqueness as a delay that would qualify them for services. African American parents shared concerns about African American children being over-represented in special education during the K-12 years and this may decrease their willingness to pursue EI services for infants and toddlers.

- **Early Intervention services may be a "foreign" concept in some communities and families from some cultures may not understand birth-to-three services as a positive opportunity for both the child and family.** Families from some cultures may not understand birth-to-three services as a positive opportunity for both the child and family. The communities that have less history of access to services will have less information to share informally. In addition, immigrant families may not know that they are eligible for EI services regardless of their immigration status. Additionally, confidentiality is a big concern in immigrant and refugee communities.

- **Misinformation about EI services being "free" creates confusion for families.** Families with Medicaid insurance or

[3] African American and Latino children are diagnosed with Autism Spectrum Disorders one to three years later than white children. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661453/

whose family income is below 200 percent of Federal Poverty Level (adjusted for child care and medical expenses) do not pay for any EI services. There is a widespread myth that all EI services are free and there is no cost to families, which is inaccurate information. Since July 1, 2013, Washington State has instituted a System of Payments and Fees, which asks families to bring their public or private insurance to help pay for EI services. Families above 200 percent of Federal Poverty Level may have to pay co-pays, co-insurance or deductibles. Or if a family declines to share access to their health insurance they may be placed on a sliding fee scale of monthly payment for services.

When families are told by community referrers that services are “free” then become eligible for EI services and discover they may have to participate in service costs, some families may be discouraged and choose not to access the services.

- **Funding has not kept pace with increasing demands so that each year, King County has had to require providers to serve significantly more children with less funding per child.** Providers are faced with having to conduct fundraising to fill the gaps and maintain their contractual requirements. EI is an “entitlement” program, meaning that every child determined eligible for EI services must be provided with services. The current funding structure is a disincentive for providers to serve more children, which is especially challenging because King County’s population of young children is growing and the EI system is receiving an increased number of referrals. In addition, State and federal requirements around natural environments are costly to implement.

- **The impact to families and providers from the new federally required System of Payments and Fees policy that began in July 2013 needs to be determined.** This policy outlines how EI services are paid for and provides information on the requirement for all available funding, including a family’s private insurance, Medicaid (public insurance), and/or a family’s participation cost to be used for certain EI services. Families may have incentives to pay fees rather than using insurance, which could result in less access to insurance and lower funding levels for providers. The EI providers are required to provide services regardless of payment, but may need to reduce amounts of service due to reduced funding, which could negatively impact children and families.

- **Providers face challenges hiring staff to full capacity.** Bilingual and bicultural staff who reflect the diverse cultural communities in King County are needed across all EI providers. While all staff need positive mentoring, skill development and encouragement to support retention, particular attention will be needed sustain any gains made with diverse hiring. In addition, providers face regular challenges with staff turnover, covering maternity leave, and staff retention because the rate of pay for professional staff may be lower in EI than for other comparable jobs. The challenge of staying fully staffed can impact providers' ability to meet required timelines especially with increases in the rate of child referrals.

3. **Multi-Systems Collaborations**

- **Many service providers have little or no knowledge of infant/early childhood mental health approaches and programs and need training to serve trauma affected children and support healthy social-emotional development for children and families.** Providers identified "Infant Mental Health training" as the top priority across King County's EI system. Staff members are needed who can provide psychological and psychosocial support for families, including in the families' home languages. Providers also shared that there are limited community-based infant mental health services for families and some services are not culturally appropriate.

- **Very few children involved in the Child Welfare System have developmental concerns addressed.** Most children involved in the child welfare system stay at home, typically with no services provided. There are very few EI referrals from this system. Developmental and behavior problems for children in the child welfare system are as frequent as for those children who are in foster care (about 42 percent of toddlers). There are disparities in access to services based on whether the child is at home or in foster care. Children of color and low-income families are disproportionately involved in the child welfare system. In addition, families involved in the child welfare system may require significant case management support when entering EI services.

- **Families often mentioned the challenging transitions to school district services when their child turns three years old.** Families lose support and home visits, thus becoming more isolated. Children who do not qualify for school district services at age three often have no place to access services if there are continual developmental needs. Some children with autism spectrum diagnoses are are not

qualifying for developmental preschool services in several districts. Each district uses different transition processes which may lead to both parent and provider confusion. Arrangements related to child evaluation and reporting vary from district to district. Child Find appointments are difficult to access for children over three years.

- **While school districts are a major funder of EI services, funding variations between districts are confusing for agencies.** Billing and paperwork timelines are challenging resulting in providers missing out on funding. School districts vary in the amount of administrative funds held back from EI services and may use it for other purposes. In King County some school districts keep about 15 percent of their funds for EI services and other as much as 50 percent or more, resulting in the provider receiving less funding to serve children and families. Districts may allow billing for eight, nine or ten months but children are served year-round with EI services.

- **Funding structures and systems do not address culturally and linguistically appropriate services. Interpreter and translation needs and costs may have variable impacts in different areas of King County.** In 2012, EI services were provided via interpreters to 25 percent of the families served in 30+ primary languages. According to the King County Equity and Social Justice Annual Report (August 2012), the proportion of the population with limited-English proficiency varies significantly across geographic areas of the county. The majority of this population lives in south Seattle and south King County. In addition, caseload demands for staff serving a higher percent of families whose home language is not English may be higher than for other staff.

V. Goal, Objectives, and Strategies for King County's Early Intervention System

Goal:

Eligible children and families throughout King County who access EI services receive timely, culturally relevant, family-centered, individualized developmental services and supports from skilled providers who collaborate to meet child and family needs.

Objectives and Strategies:

Below are the "higher level" objectives and strategies for strengthening and addressing challenges in King County's EI system. Many specific action steps were also recommended during the planning process which will be utilized to implement these objectives and strategies.

Objective 1:

Increase access to culturally and linguistically appropriate EI services for children and families.

Strategies:

1. Identify and implement specific culturally and linguistically rooted strategies to increase family access, especially for underserved groups.
2. Provide training and resources for interpreters working in EI settings and for EI providers to work effectively with interpreters.
3. Provide training and technical assistance to providers to recruit, hire and retain bilingual and bicultural staff in EI programs, so that staff diversity will reflect the diversity of children and families in each service area.
4. Increase EI provider match of families with team members who speak their home language and understand the family's culture and if no match is available, then create an individual plan around building provider cultural competence with/for the family.
5. Increase EI provider training to deepen staff understanding of the bilingual and bicultural communities they serve, to strengthen staff cultural competency, and to analyze provider policies, practices, and tools for bias.
6. Increase use of language and terminology that sets a positive tone with families and communities and allows for clear translations.

Objective 2:

Improve referral processes to increase and simplify access to EI services.

Strategies:

1. Improve access to Lead FRC to take referrals, including availability and language supports.
2. Provide training to all EI staff within King County who take referrals to create a positive and helpful first contact for families and other referral sources.
3. Provide training to family, cultural and community groups, and family service providers about how and when to refer children for developmental evaluations.
4. Increase training and partnerships with physicians, clinics, hospitals, neonatal intensive care units, and private therapists to deepen their understanding of child development and their important role in linking families with EI services.
5. Increase training for child care and other early learning providers to improve referrals to EI and collaborations in serving children with special needs.
6. Work with providers to improve and simplify EI eligibility evaluations and processes for children and families in accordance with DSHS/DDA and DEL/ESIT requirements.
7. Improve the KCDDD web presence to facilitate EI referrals and information using visual, user friendly and multilingual resources.
8. Strengthen partnerships with systems working towards universal screening. Advocate for screenings to include functional considerations that might indicate a child would benefit from EI services.
9. Improve public awareness and reduce negative connotations of disabilities and services for community members and families of all language, literacy, intellectual abilities and cultural backgrounds using written, visual, web-based, video, training and person-to-person strategies across systems.

Objective 3:

Improve social-emotional well-being and development of all children and families, including improved access and services for children and families with multiple challenges.

Strategies:

1. Provide EI staff training in social-emotional well-being of children and families (Infant/Early Childhood Mental Health) approaches and strategies.
2. Increase EI provider use of evaluation tools that effectively assess social emotional well-being of children.
3. Increase EI staff supports for families and children who have more complex mental health needs, including appropriate referral processes and improved collaborations. Improve referrals, cooperation and partnerships between EI, Infant Mental Health providers and families.
4. Increase birth-to-three content in “Uniting for Youth” quarterly cross-system training or replicate a cross systems training model focused on young children and families.
5. Increase cross-training opportunities at the KCICC meetings, early learning partnerships, and other early childhood training opportunities.

6. Strengthen EI provider partnerships with service providers (culturally specific, mental health, treatment, homeless services, domestic violence, teen parent, child welfare, housing, etc.) in geographic areas of King County to improve staff knowledge and skills, outreach, referrals, and co-serving children and families.
7. Advocate for families involved in multiple systems to combine team meetings to reduce family stress, when appropriate.
8. Increase use of reflective supervision and reflective practice by EI providers within their programs and in partnership with other systems providers.
9. Increase opportunities for families to obtain support with volunteer family mentors and groups organized by language, cultural, geographic, child's age or disability, or other approaches.
10. Improve transition experiences for families as children turn three years old, with EI providers, early learning programs, school districts, and community service providers.
11. Advocate for policy change to ensure that all children involved in the child welfare system (regardless of status) are referred for full developmental evaluation, with planning for EI, infant mental health, and/or early learning services in collaboration with birth parents, relative caregivers and foster parents, as appropriate.

Objective 4:

Implement advocacy strategies related to improving funding levels and simplifying access to EI services in King County.

Strategies:

1. Advocate for aligning DSHS/DDA and DEL/ESIT eligibility, entry, and provider payment processes.
2. Advocate for equitable distribution of DSHS/DDA and DEL/ESIT funding to eliminate financial disincentives.
3. Educate families about how services are funded and monitor the impacts of implementing the new federally required System of Payments and Fees policy.
4. Reduce red tape and duplicative efforts for families and providers whenever possible.
5. Analyze the financial impacts to providers of providing culturally and linguistically appropriate services.
6. Advocate for increased access to Medicaid for EI services when there is a net benefit to children, families, and providers.

The King County Plan for Early Intervention Services
July 1, 2014 – June 30, 2017

Plan Monitoring Tool

The Plan Monitoring Tool below provides an estimated timeline for accomplishment of activities over the life of the Birth-to-Three Plan and will be managed in conjunction with state contract deliverables, development of King County Developmental Disabilities Division's biennial budget, and annual work plans.

Plan Goals, Objectives, and Strategies	Year 1	Year 2	Year 3
Early Intervention Program			
Goal: Eligible children and families throughout King County who access EI services receive timely, culturally relevant, family-centered, individualized developmental services and supports from skilled Providers who collaborate to meet child and family needs.			
Objective 1: Increase access to culturally and linguistically appropriate EI services for children and families.			
Strategies:			
1. Identify and implement specific culturally and linguistically rooted strategies to increase family access, especially for underserved groups.	X	X	
2. Provide training and resources for interpreters working in EI settings and for EI Providers to work effectively with interpreters.		X	X
3. Provide training and technical assistance to Providers to recruit, hire and retain bilingual and bicultural staff in EI programs, so that staff diversity will reflect the diversity of children and families in each service area.	X	X	X
4. Increase EI Provider match of families with team members who speak their home language and understand the family's culture and if no match is available, then create an individual plan around building Provider cultural competence with/for the family.	X	X	
5. Increase EI Provider training to deepen staff understanding of the bilingual and bicultural communities they serve, to strengthen staff cultural competency, and to analyze Provider policies, practices, and tools for bias.	X	X	X

Plan Goals, Objectives, and Strategies	Year 1	Year 2	Year 3
6. Increase use of language and terminology that sets a positive tone with families and communities and allows for clear translations.	X	X	X
Objective 2: Improve referral processes to increase and simplify access to EI services.			
Strategies:			
1. Improve access to Lead Family Resource Coordinator to take referrals, including availability and language supports.	X		
2. Provide training to all EI staff within King County who take referrals to create a positive and helpful first contact for families and other referral sources.		X	X
3. Provide training to family, cultural and community groups, and family service Providers about how and when to refer children for developmental evaluations.	X	X	X
4. Increase training and partnerships with physicians, clinics, hospitals, neonatal intensive care units, and private therapists to deepen their understanding of child development and their important role in linking families with EI services.	X	X	X
5. Increase training for child care and other early learning Providers to improve referrals to EI and collaborations in serving children with special needs.		X	X
6. Work with Providers to improve and simplify EI eligibility evaluations and processes for children and families in accordance with DSHS/DDA and DEL/ESIT requirements.	X	X	
7. Improve the KCDDD web presence to facilitate EI referrals and information using visual, user friendly and multilingual resources.	X	X	
8. Strengthen partnerships with systems working towards universal screening. Advocate for screenings to include functional considerations that might indicate a child would benefit from EI services.	X	X	
9. Improve public awareness and reduce negative connotations of disabilities and services for community members and families of all language, literacy, intellectual abilities and cultural backgrounds using written, visual, web-based, video, training and person-to-person strategies across systems.	X	X	X
Objective 3: Improve social-emotional well-being and development of all children and families, including improved access and services for children and families with multiple challenges.			

Plan Goals, Objectives, and Strategies	Year 1	Year 2	Year 3
Strategies:			
1. Provide EI staff training in social-emotional well-being of children and families (Infant/Early Childhood Mental Health) approaches and strategies.	X	X	X
2. Increase EI Provider use of evaluation tools that effectively assess social emotional well-being of children.	X	X	X
3. Increase EI staff supports for families and children who have more complex mental health needs, including appropriate referral processes and improved collaborations.	X	X	X
4. Increase birth-to-three content in “Uniting for Youth” quarterly cross-system training or replicate a cross systems training model focused on young children and families.	X	X	X
5. Increase cross-training opportunities at the KCICC meetings, early learning partnerships, and other early childhood training opportunities.	X	X	X
6. Strengthen EI Provider partnerships with service Providers (culturally specific, mental health, treatment, homeless services, domestic violence, teen parent, child welfare, housing, etc.) in geographic areas of King County to improve staff knowledge and skills, outreach, referrals, and co-serving children and families.	X	X	X
7. Advocate for families involved in multiple systems to combine team meetings to reduce family stress, when appropriate.	X	X	X
8. Increase use of reflective supervision and reflective practice by EI Providers within their programs and in partnership with other systems Providers.	X	X	X
9. Increase opportunities for families to obtain support with volunteer family mentors and groups organized by language, cultural, geographic, child’s age or disability, or other approaches	X	X	X
10. Improve transition experiences for families as children turn three years old, with EI Providers, early learning programs, school districts, and community service Providers.	X	X	X
11. Advocate for policy change to ensure that all children involved in the Child Welfare system (regardless of status) are referred for full developmental evaluation , with planning for EI, infant mental health, and/or early learning services in collaboration with birth parents, relative caregivers and foster parents as appropriate.		X	X

Plan Goals, Objectives, and Strategies	Year 1	Year 2	Year 3
Objective 4: Implement advocacy strategies related to improving funding levels and simplifying access to EI services in King County. Strategies:			
1. Advocate for aligning DSHS/DDA and DEL/ESIT eligibility, entry and Provider payment processes.	X	X	
2. Advocate for equitable distribution of DSHS/DDA and DEL/ESIT funding to eliminate financial disincentives.	X	X	
3. Educate families about how services are funded and monitor the impacts of implementing the new federally required System of Payments and Fees policy.	X	X	X
4. Reduce red tape and duplicative efforts for families and providers whenever possible.	X	X	X
5. Analyze the financial impacts to providers of providing culturally and linguistically appropriate services.	X	X	X
6. Advocate for increased access to Medicaid for EI services when there is a net benefit to children, families, and providers.	X	X	X

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